

State Plan 4.22 Third Party Liability

ATTACHMENT 4.22-A --

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- (1) §433.138(d)(1)(3) - The Income Eligibility Verification System (IEVS) data exchanges are performed by the IV-A agency at the time of application through on-line computer access to Missouri Division of Employment Security (DES). In addition, all applicants and recipients are included in a quarterly match with the DES. Other IEVS data exchanges conducted by the state IV-A agency include Unemployment Compensation (daily), Bendex (every two weeks), and SDX (Monthly). The state IV-D agency conducts a monthly match with the DES for non-custodial parents. The Medicaid agency is working with DES to supplement these activities for further identification of TPL.

§433.138(d)(4) - (i) Data exchanges are performed quarterly with the Division of Workers' Compensation. (ii) Data exchanges with the Missouri Highway Patrol to access the Statewide Traffic Accident Reporting System are performed monthly.

§433.138(e) - Diagnosis and trauma code edits are integrated in the MMIS and are performed ongoing in the payment processing system as provider claims are submitted to the fiscal agent for payment processing.

- (2) §433.138(g)(1)(i) - As appropriate, the IV-A agency reports third party resources learned through the SWICA matches to the Medicaid agency through the use of a reporting form named TPL-1. The information is verified and then incorporated into the TPL Database within the time frames specified by federal regulation. The IV-A agency and Third Party Liability Unit access the TPL Database for recipient TPL information. Once the Medicaid agency implements its supplemental SWICA matching activities, the information will be incorporated into the TPL database within the time frames specified by federal regulation.

§433.138(g)(2)(i) - The IV-A agency collects health insurance information from Medicaid applicants and recipients and reports the information to the Medicaid agency using a reporting form named TPL-1. Once the Medicaid agency receives the form, the information is verified and then incorporated into the TPL Database within the time frames specified by federal regulation. Possible TPL information learned from other sources such as the IV-D agency, and contacts from providers, recipients, or other interested parties is verified and then incorporated into the TPL Database within the time frames specified by federal regulation.

Information obtained from workers' compensation data exchanges is compared to the MMIS claims payment histories to identify paid claims related to the reported work-related injury. The information is also checked against on-going cases to identify any additional claims that may have been paid. The agency asserts its lien rights to the administrative law judge, the recipient, and the attorneys involved

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within the time frames specified by federal regulation to preserve its rights until liability has been established. The Medicaid claims comprising the lien are systematically transferred to the MMIS accounts receivable system upon system generation of the supporting invoice detailing the Medicaid paid services relating to the incident. Medicaid liens are satisfied only when a determination has been made through either a hearing or negotiations with attorneys that the injury is, in fact, work-related and, therefore, workers' compensation is legally liable for payment of the related services. Liability has not been established until such a determination has been made and no benefits are available to pay the claim until such determination is made. At such time when legal liability has been determined, the lien will be paid as ordered by the administrative law judge or negotiation with attorneys. Upon payment of the lien, satisfaction of the lien is filed and the case is closed.

- (3) §433.138(d)(4)(ii) - Information obtained through the data exchange with the Missouri Highway Patrol is first reviewed to ensure a proper match has been made. Once a match is identified, information is requested such as a police report from the proper authorities to identify the circumstances of the reported accident. Upon receipt of the police report, a determination is made if there is possible liability by another party involved in the accident. Upon identification of a possible liable party, the MMIS claims payment histories are accessed to identify paid claims related to the reported accident. The information is also checked against on-going cases to identify any additional claims that may have been paid. The agency asserts its lien rights to the insurance companies involved, the recipient, and the attorneys within the time frames specified by federal regulation to preserve its rights until legal liability has been established. The Medicaid claims comprising the lien are systematically transferred to the MMIS accounts receivable system upon system generation of the supporting invoice detailing the Medicaid paid services relating to the incident. Medicaid liens are satisfied only when a determination has been made through either a hearing or negotiations with attorneys that the injuries are the legal liability of the opposing party. Legal liability has not been established until such a determination has been made and no benefits are available to pay the claim until such determination is made. At such time when legal liability has been determined, the lien will be paid as ordered by the court or negotiation with attorneys. Upon payment of the lien, satisfaction of the lien is filed and the case is closed.
- (4) §433.138(e) - The Missouri MMIS System has specific edits in place to identify trauma related diagnosis codes as required by regulation. The system identifies these claims at the time of claims processing. An accident reporting form called the TPL-2 is system generated once a trauma diagnosis code is identified or if the provider completes the accident indicator field on the claim form. The following criteria are used for the system generation of TPL-2s:

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- 1) The claim is a regular paid claim;
- 2) No other TPL related error has been posted to the claim;
- 3) Claims fit the following criteria:
  - a) Claims having no accident indicators marked on the claims by providers but having trauma diagnosis codes with Medicaid reimbursed amounts exceeding \$200.00; or
  - b) Claims having accident indicators marked by providers with Medicaid reimbursed amounts exceeding \$100.00.
- 4) The trauma diagnosis code is either the primary, secondary or tertiary diagnosis on the claim form.
- 5) No other TPL-2 has been generated for the same recipient:
  - a) with a date of service within 90 days, or
  - b) with the same diagnosis code within 6 months of the currently considered date of service,
- 6) Once the TPL-2 is generated, it is sent to the TPL Unit for further control steps before the original is sent to the recipient and a copy is filed in the TPL Unit records.
- 7) If there is no response from the recipient to the TPL-2 within 60 days, a second request is sent to the recipient.
- 8) When appropriate, a lien is filed with the possible third party resource. Priority is given to those cases with a trauma diagnosis known to have good recovery rates. This is determined periodically by systematic reports of recoveries. The Medicaid claims comprising the lien are systematically transferred to the MMIS accounts receivable system upon system generation of the supporting invoice detailing the Medicaid paid services relating to the incident. This process is initiated within 60 days of receipt of the completed TPL-2 information.

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